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BRUCE E. WEIR

Voice/Fax: 301-977-6009 E-mail: admin@BruceWeir.com Web: www.BruceWeir.com

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Subject: Form PTO/SB/82 for Ser. No. 10/783433

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Application Number 10/783433

Filing Date 02/23/2004

First Named Inventor Todd Philip DOMKE

Art Unit Examiner Name

Attorney Docket Number | 0246 I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. OR I hereby appoint the practitioners associated with the Customer Number: 32366 Please change the correspondence address for the above-Identified application to: ✓ The address associated with Customer Number: 32366 OR Firm or Individual Name Address City State Zip Country Telephone Email I am the: 1 Applicant/Inventor. . Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name Todd Philip Domke 6-25-07 509 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(e) are required. Submit multiple forms if more than one signature is required, see below* *Total of forms are submitted.

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